

APPLICATION FOR
HEALTH DEPARTMENT
REVIEW OF BOUNDARY LINE
ADJUSTMENT OR REZONE

PUBLIC HEALTH – SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION

RECORD I.D. NUMBER
S U
Health Dept. Use Only

Submit Application to:
Eastgate District Health Center – (206) 296-4932
14350 SE Eastgate Way
Bellevue, WA 98007-6458

NOTE: This application is for review of property not served by public sewer. Complete the following and submit with applicable fee.
☐ \$696.00 plus \$115.00 per lot – Step 1 (Pre-Application) ☐ \$1,214.00 plus \$175.00 per lot – Step 2 (Final)

Check Appropriate Box: Boundary Line Adjustment ☐ Rezone ☐

Property Information:

Lot Number/Letter	Parcel No. (10 Digits)										Street Address	Current Sq. Feet/Acreage	Proposed Sq. Feet/Acreage

Owner: _____	Street Address _____
	City-Zip Code _____ Daytime Phone (____) _____
Agent _____	Street Address _____
	City-Zip Code _____ Daytime Phone (____) _____

The Following Information Must be Provided:
Water Supply: (Complete Section 1 or 2 below)

**Attach a Route/Direction Map for
Locating the Property**

- Section 1. ☐ Public Water Supply (Name) _____
D.O.H. Public Water Supply I.D. Number _____
Source of water is located on Parcel #

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Status: Is the water system in compliance with all applicable laws, sampling requirements, etc.? ☐ Y ☐ N
- Section 2. ☐ Individual Wells (Min. lot size for utilizing an individual well is 5 acres unless the lot was created prior to 5/18/72)
☐ Well covenant(s)/restrictive covenant(s)
☐ Well(s) installed (documentation attached)

Sewage Disposal:

Include the Following:

- A map page/plot plan of all affected parcels indicating a north arrow and drawn to scale:
 - Dimensions of lots-identify parcels as Lot A, Lot B, etc. so as to match legal descriptions;
 - Existing and proposed lot lines – dashed and highlighted for existing lot lines that are being adjusted and solid for proposed new lines;
 - Location of roads, and existing or proposed easements and/or restrictions;
 - Existing structures and distance(s) to property lines;
 - Location of wells, water lines, surface waters, drainage features, 100 year floodplain, floodways;
 - Accurate location of existing on-site sewage systems (e.g., septic tank, pump tank, drainfield, mound system, sandfilter, 100% reserve area)
- Soil log information (for undeveloped lots) including profile descriptions from a minimum of **4** soil log holes per lot per K.C.B.O.H., Title 13. This information to be documented by a K.C. Certified Designer or a Professional Engineer (P.E.).

NOTE: A separate site design may be necessary to demonstrate sufficient room is present for drainfield and reserve area.

NOTE: In addition to the above, the following must be indicated for lots with existing homes:

- Is the existing sewage system functioning properly? ☐ Y ☐ N
- Is there an adequate reserve area identified for future sewage system repair/replacement? ☐ Y ☐ N
- Are sewage system horizontal setback requirements met? (e.g., surface water, wells, etc.) ☐ Y ☐ N (Appeal #04-62)

I hereby certify that the information given in this application is a true and accurate representation of the existing conditions on the subject property.

Signature of Owner/Agent _____	Date _____
Name of Licensed OSS Designer/P.E.(please print _____	License # _____
Signature of Licensed OSS Designer/P.E. _____	Date _____

For Health Department Use Only

☐ Pre-Application Review (Step 1) ☐ Final Review (Step 2)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	_____	_____
(Date)	(Health &Environmental Investigator)	(District Supervisor)

Comments/Conditions: _____

Date Received

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to health officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee)